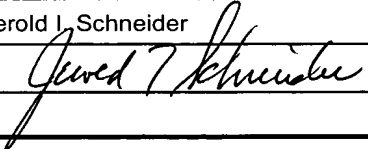
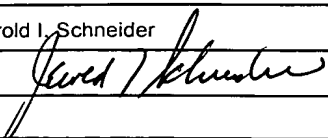


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	4004-055-30 CONT	
		First Inventor or Application Identifier	Dominique COSTER	
		Title	BLUE SODIOCALCIC GLASS	

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application PO Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="20"/></p> <p>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <input type="text"/></p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <input type="text" value="3"/></p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 16 completed)</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (usable if box 4B is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4B, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		<b>ACCOMPANYING DOCUMENTS</b> <p>6. <input checked="" type="checkbox"/> Assignment Papers (copy, Recorded Assignment)</p> <p>7. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>8. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>10. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>11. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>12. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>13. <input checked="" type="checkbox"/> Request for Priority</p> <p>14. <input type="checkbox"/> List of Inventors' Names and Addresses</p> <p>15. <input checked="" type="checkbox"/> Other: Related Cases Statement</p>	
<p>16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:</p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: 09/914,043</p> <p>Prior application information: Examiner: Elizabeth A. Bolden Group Art Unit: 1755</p>			
<p>17. Amend the specification by inserting before the first line the sentence:</p> <p><input checked="" type="checkbox"/> This application is a <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. 09/914,043 Filed on October 29, 2001</p> <p><input type="checkbox"/> This application claims priority of provisional application Serial No. Filed</p>			
<b>18. CORRESPONDENCE ADDRESS</b> Supervisor, Patent Prosecution Services PIPER RUDNICK LLP 1200 Nineteenth Street, N.W. Washington, D.C. 20036-2412 Telephone No. (202) 861-3900 Facsimile No. (202) 223-2085			

Name	Jerold I. Schneider	Registration No.	24,765	
Signature		Date	February 10, 2004	Telephone 202-861-3900
Name		Registration No.		

<b>FEE TRANSMITTAL</b>					Docket No.		4004-055-30 CONT							
					Serial No.		NEW CONTINUATION APPLICATION							
					Filing Date		HEREWITH							
					Inventor(s)		Dominique COSTER et al.							
					Group Art Unit		1755							
TOTAL AMOUNT OF PAYMENT					\$1,028.00		Examiner		Elizabeth A. Bolden					
1. <input type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Charge any <b>UNDERPAYMENT</b> or credit any <b>OVERPAYMENT</b> in the indicated fees to Deposit Account No. 50-1442. <input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.										<b>FEE CALCULATION (continued)</b>				
2. <input checked="" type="checkbox"/> Check enclosed.										<b>3. ADDITIONAL FEES</b>				
					Large Entity		Small Entity		Fee Description					
					Fee Code	Fee (\$)	Fee Code	Fee (\$)			Fee Paid			
<b>FEE CALCULATION</b>					1051	130	2051	65	Surcharge-late filing fee or oath					
1. BASIC FILING FEE					1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet					
Large Entity		Small Entity		Fee Description	1053	130	1053	130	Non-English Specification					
Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Paid		1251	110	2251	55	1-mo. ext. of time			
1001	770	2001	385	Utility filing fee	770		1252	420	2252	210	2-mo. ext. of time			
1002	340	2002	170	Design filing fee			1253	950	2253	475	3-mo. ext. of time			
1003	520	2003	260	Plant filing fee			1254	1480	2254	740	4-mo. ext. of time			
1004	770	2004	385	Reissue filing fee			1255	2010	2255	1005	5-mo. ext. of time			
1005	160	2005	80	Provisional filing fee			1401	330	2401	165	Notice of Appeal			
<b>SUBTOTAL (1)</b>					\$770.00		1402	330	2402	165	Appeal Brief			
2. EXTRA CLAIM FEES					1403	290	2403	145	Request for Oral Hearing					
tot. claims	17	-	20*	= 0	x	\$18	=	0		1501	1330	2501	665	Utility/Reissue Issue Fee
ind. claims	6	-	3*	= 3	x	\$86	=	258		1502	480	2502	240	Design Issue Fee
<input type="checkbox"/> Multiple Dependent Claims					\$290		=			1504	300	1504	300	Publication Fee
Large Entity		Small Entity		Fee Description	8001	3	8001	3	Advance Copy of Patent					
Fee Code	Fee (\$)	Fee Code	Fee (\$)		1460	130	1460	130	Petitions to the Commissioner					
1202	18	2202	9	Claims in excess of 20	1806	180	1806	180	IDS Submission					
1201	86	2201	43	Independent claims in excess of 3	8021	40	8021	40	Assignment recordation					
1203	290	2203	145	Multiple dependent claim, if not paid	1801	770	2801	385	For Filing RCE					
1204	84	2204	43	*Reissue independent claims over original patent	1814	110	2814	55	Terminal Disclaimer					
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent	OTHER (indicate below):									
<b>SUBTOTAL (2)</b>					\$258.00									
* or number previously paid, if greater; For Reissues, see above										<b>SUBTOTAL (3)</b>		\$0.00		

Name	Jerold I. Schneider		Registration No.		24,765	
Signature			Date	February 10, 2004	Telephone	202-861-3900
Name			Registration No.			